
Enter and View Ashmount

April 2025



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Report overview

Why we visited

Enter and View is one way in which Healthwatch Surrey can observe and report on how services are being run, and collect the views of service users and their carers and relatives, as well as staff. [Enter and View Policy – Healthwatch Surrey](#)

We were asked to carry out this Enter and View visit by the learning disability management team at Surrey and Borders NHS Foundation Trust (SABP). As well as giving people an opportunity to share their views of Ashmount, with an independent body, SABP were also keen to find out whether people are aware of feedback mechanisms – an important way to ensure people with learning disabilities and their families have a say in how in services are run.

Details of visit:	
Service Address	Ashmount, St Ebba's Way, Hook Road, Epsom, KT19 8QJ
Service Provider	Surrey and Borders NHS Foundation Trust (SABP)
Date and Time	24 February 2025 12.30pm
Authorised Representatives	Shelley Cummings, Jane Owens (Healthwatch Surrey volunteer)
Contact details	Healthwatch Surrey GF21, Astolat, Coniers Way, Burpham, Surrey, GU4 7HL enquiries@healthwatchsurrey.co.uk Phone: 0303 303 0023 (local rate number) SMS (text only): 07592 787533

Who we heard from

We spoke to family members to get their impressions of the service, both face to face and also using a survey that was emailed to the families who were happy for communication that way. We had feedback from 2 parents. None of the people had capacity to speak to us and none of them communicated verbally.

We also spoke to the home manager, an additional two members of staff and the Consultant Psychiatrist who provides support for the home

Disclaimer

This report relates to findings observed on the specific date we visited. It is designed to highlight the themes we heard about and includes quotes to provide context on these themes.

Recommendations

Following the visit to Ashmount we have made the following 3 recommendations.

- Explore long term support needs and whether advocates could help with some of the caring responsibilities of the parents of people as they get older.
- The team should continue to improve relationships and communication with the local hospital to best support peoples' needs and reasonable adjustments when attending, in particular the Emergency Department.
- A general tidy up to the grounds of St Ebba's site and ensure ongoing management.

Observations about the service

Description of service

Address: Ashmount, St Ebba's Way, Hook Road, Epsom, KT19 8QJ

Website: [Ashmount, Epsom : Surrey and Borders Partnership NHS Foundation Trust.](#)

Provided by: SABP

Registered Manager: Asha Nandane Rampersad

Capacity: Ashmount is a 6 bed home for men with moderate to severe learning disability and autism. At the time of our visit there were 6 men living there. The service is a registered care home with nursing and provides "specialist intensive support to individuals with severe challenging behaviour – whose needs cannot be met within mainstream services." It is a long term home with most of the men having lived there for many years.

Environment

Ashmount is a purpose built, single storey home situated within a housing estate with a designated entrance to the old St Ebba's hospital site. There are a variety of community services and other residential homes in this complex.

Surrounding the enclosed home there is a large, landscaped, well maintained garden. It is in a secure fenced area with discrete CCTV

monitoring, which means people are able to freely access outdoor space in safety when the weather allows. The garden has a paved track around the home for assisted bikes, a sunken trampoline, a swing and a basketball hoop to support physical activity for the men. They have outdoor seating and a barbeque, as well as a covered area for hot weather.

The manager reported she had made lots of changes to the home since she started working there (8 years earlier), and the trust had been very supportive of her requests to make improvements.

On arrival, we did notice that the area surrounding the perimeter of the home needs urgent attention as it looks like it has been neglected by the grounds' maintenance team.

Facilities

We were told that all men have personalised bedrooms that are decorated to their taste and interest (including individually chosen beds and wallpaper), and we were shown 3 rooms to demonstrate this. The rooms shown reflected any special adaptations required (e.g. enclosed blinds and television for someone who may hurt himself). They also told us they had redecorated one of the men's rooms with light colours and minimal decoration, as he is sensitive to change and, due to his autism he would find it difficult to cope with significant alterations.

There was a sensory room and quiet areas for the men to sit. There was also a large dining room, with high backed non rocking chairs for safety, that had an interactive whiteboard playing music. They also have a laundry room that staff assist the people to use, and a well equipped kitchen that is also used by the men with supervision.

The home was clean and looked well cared for when we attended.

What we heard in detail

Care

Ashmount is a registered care home with nursing. The men living at Ashmount when we visited have been there for many years and it is considered to be the long-term home for them.

Individual care and activity plans were visible in the staff offices and all the men had a daily programme that was appropriate to their interests. A range of indoor and outdoor recreational activities were offered, including visits to places of interest, or meals in the local community.

All the people were detained under a legal framework, Deprivation of Liberty Safeguards (2005), because of their behavioural challenges and the restrictions that need to be in place to respond to them, but the team seemed to do all they could to maximise their freedom and independence.

One parent said:

"I was given one month's notice [from a previous home] because they couldn't cope with him. He is an absconding risk. He settled well here."

The staff we spoke to described how they individualised and personalised the care for each person. All men have a named (qualified) nurse to co-ordinate their care and a key worker who was a support worker. They all have regular holistic reviews by the nursing and medical staff (every 6 months) which included STOMP (stopping the over medication of people with learning disabilities and/or autism) reviews.

We were told:

"He is really happy here. I know he is happy because he touches heads with me (he doesn't like to be hugged)"

As all people had been at the home for many years it was not relevant to ask how they find out people's interests to enable them to tailor activities.

Staff

The home had 24 staff and 2 vacancies when we visited and 1 member of staff who was seconded to support another home. They do use bank staff to fill any vacancies, but these are filled by staff that have worked in the home and know the men well. Staffing levels are 7 staff during the day and 5 at night (of whom 1 is a qualified nurse) and they generally have 3 people who need 1 to 1 supervision. They also have a Consultant Psychiatrist, who

was doing a clinic the day we attended, and a GP practice who provides support for the home.

We were told there is a very low turn over of staff (the manager had worked there 8 years and the 2 other staff we spoke to had been there 10 and 25 years). The staff do a mixture of day and night shifts. The manager did say that sometimes there can be an issue if, for instance, all female staff are allocated on shift, as this does impact on the behaviour presentation of one particular person. Careful planning is therefore required, and this is factored into staffing plans.

“Everyday is a new challenge, it’s a good team.”

The staff discussed that most of the men (who were all over 50) are supported by parents, and the staff commented that they feel it is important to support the parents and families too.

“When I broke my arm and couldn’t drive the staff would come and collect me from home and bring me into the home so I could see my son.”

A staff member told us

“I have looked after him for a long time, before she died his mum made me promise to take care of him.”

Visiting healthcare professionals

Although a challenge in the past, the manager and psychiatrist noted that the relationship with their GP had improved and that they had come into the home for professional review meetings, and will also do this as and when necessary.

The psychiatrist also said that he sent copies of his reviews (including the person’s physical health conditions) to the GP for their records. They also have a specialist dentist who will visit the home if the men cannot attend their surgery.

The manager is actively working with Epsom & St Helier University Hospitals NHS Trust for reasonable adjustments to be made for people when they

are attending appointments and procedures. We were told they are having in-depth “best interest” meetings with all professionals. However, when going to A&E as an emergency, there can be challenges which they are trying to address with the Trust, as the environment is not always suitable for them and reasonable adjustments for additional needs are not always met.

Daily life

All people have a programme detailing the activities that are planned for them. These are displayed on the walls in the staff areas.

“All residents have different activities like going to church or for a swim, but we also do group activities. We also organise holidays and went to the Isle of Wight.”

There are a variety of activities available on site and out in the community . The home has 2 vehicles, and one man has his own car so he can be taken out on visits. One parent told us about the staff doing Karaoke, which the men really enjoyed, and in the summer they have barbeque parties in the garden. One of the staff also told us that he has a raised flower bed in the garden where they grow vegetables and the men help him with the planting and maintenance.

Due to the relatively high staffing ratio they can be flexible with activities. Many of the men needed 1 to 1 support and supervision at all times, and this was increased when they were out in the local community. When we visited, one man had been out for a walk in a local park with his mother and a carer; another person had just returned from a shopping trip. The manager also said that they are planning to take the men on holiday again this year and have got passports so they can take them abroad.

Food

There is a daily menu of food and some people needed close supervision around this as they would eat or drink to excess if not supervised. We were told that they often went out to a café or for a meal. They had also facilitated a Valentine meal in a restaurant in Epsom for one man and his female friend who lives in a neighbouring home.

Visiting

All people have either family or an advocate to support them. We spoke to the mother of one of the men who was visiting when we were there. She said the staff were really supportive and had even collected her to bring her in to visit her son when she had been unable to drive. She reported that staff would support her to go out for walks in the park with her son when she visited.

The manager said that visiting was becoming more difficult for some of the families as it is generally parents that visit and they are getting older. They do support this by taking people to see families, if appropriate, or arrange trips where they collect family members enroute.

Staying in touch

The families we spoke to said that they were routinely involved in decision making about the care of their loved one. The parent we spoke to onsite said they had attended that day as they thought a holistic review was taking place for her son (it was not that day) but she would visit every 2 to 4 weeks so had just visited as usual. Staff discussed contacting families to get consent for procedures (such as vaccinations) or discussions about plans such as holidays.

Feedback

The relatives we spoke to were unaware of formal feedback mechanisms, but felt the relationship they had with the staff was very good and that they could discuss any concerns with them, and couldn't think of anything they were concerned about currently.

None of the men were able to directly tell us about their experiences.

Feedback following reviews

There had been an inquiry following a sudden death in 2015 and concerns raised by the person's family. Several members of the team made reference to this, and to the changes that had been made in the service since then. The staff told us that there were more regular reviews of people's physical and mental health, as well as environmental changes. The team said that the investigation has not been finalised and this is

having an impact on the team as many of them looked after the person involved, and they are unable to consider and act on any recommendations.

Next steps

This report and the response from the service provider will be shared with commissioners and regulators of the service and will be published on our website.

Acknowledgments

Healthwatch Surrey would like to thank people at Ashmount, family members and staff who spoke to us for this report. We would also like to thank the Healthwatch Surrey volunteer for their invaluable help.

Appendix

What is Enter & View?

Healthwatch have a legal power to visit health and social care services and see them in action. This power to 'Enter and View' services offers a way for Healthwatch to meet some of their statutory functions and allows them to identify what is working well with services and where they could be improved.

Healthwatch have a power under the Local Government and Public Involvement in Health Act 2007 and Part 4 of the Local Authorities Regulations 2013 to carry out Enter and View visits.

The legislation places a duty on health and social care providers to allow Authorised Representatives of Healthwatch to carry out an Enter and View visit on premises where health and social care is publicly funded and delivered.

The purpose of an Enter & View visit is to collect evidence-based feedback to highlight what's working well and what could be improved to make people's experiences better. Healthwatch can use this evidence to make recommendations and inform changes both for individual services as well as system wide.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with Healthwatch safeguarding policies. If at any time an Authorised Representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer, they will be directed to the CQC where they are protected by legislation if they raise a concern.

About Healthwatch Surrey

Healthwatch Surrey champions the voice of local people to shape, improve and get the best from NHS, health and social care services. We are independent and have statutory powers to make sure decision makers listen to the experiences of local people.

We passionately believe that listening and responding to local people's experiences is vital to create health and social care services that meet the needs of people in Surrey. We seek out people's experiences of health and care services, particularly from people whose voices are seldom heard, who might be at risk of health inequalities and whose needs are not met by current services. We share our findings publicly and with service providers and commissioners to influence and challenge current provision and future plans.

We also provide reliable and trustworthy information and signposting about local health and social care services to help people get the support they need.



We are proud to be commended in the National Healthwatch Impact Awards, recognising our work helping to improve local NHS and social care. You can view [our video](#) highlighting how feedback has enabled us to make positive changes to health and social care services.



We are committed to the quality of our information. Every 3 years we perform an audit so that we can be certain of this.

Healthwatch Surrey – Contact us

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Luminus

The Healthwatch Surrey service is run by Luminus Insight CIC, known as Luminus.

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